## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

| (Column 1) (Column 2)       |  |   |                                      |                                       |              |                  |    | SMALL ENTITY TYPE  |                        |                | OTHER THAN OR SMALL ENTITY |                        |  |
|-----------------------------|--|---|--------------------------------------|---------------------------------------|--------------|------------------|----|--------------------|------------------------|----------------|----------------------------|------------------------|--|
| TOTAL CLAIMS                |  |   | 100101111                            | /                                     | (CO:G        |                  |    |                    | <u> </u>               | OR<br><b>7</b> | <del></del>                |                        |  |
|                             |  |   | 4                                    |                                       |              |                  |    | RATE               | FEE                    | _              | RATE                       | FEE                    |  |
| FOR                         |  |   | NUMBER FILED                         |                                       | NUMBER EXTRA |                  |    | BASIC FEE          | 385.00                 | OR             | BASIC FEE                  | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS     |  |   | # minus 20= *                        |                                       |              |                  |    | X\$ 9=             |                        | OR             | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS          |  |   | H minus 3 =                          |                                       |              |                  |    | X43=               | 43                     | OR             | X86=                       |                        |  |
| ML                          | JLTIPLE DEPEN  | NDENT CLAIM P                             | RESENT                               |                                       |              |                  |    | +145=              |                        | OR             | +290=                      |                        |  |
| * If                        | the difference   | in column 1 is                            | ess than zero, enter "0" in column 2 |                                       |              |                  | '  | TOTAL              | 428                    | OR             | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART II |  |   |                                      |                                       |              |                  |    |                    |                        |                | OTHER                      | THAN                   |  |
|                             | · · · · · · · · · · · · · · · · · · ·  | (Column 1)                                | (Column 2)                           |                                       |              | (Column 3)       |    | SMALL              | ENTITY                 | OR.            | SMALL                      | ENTITY                 |  |
| AMENDMENT A                 |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                                    | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F   | ER<br>USLY   | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                             | Total  | *   | Minus                                | **                                    |              | =                |    | X\$ 9=             |                        | OR             | X\$18=                     |                        |  |
|                             | Independent  |   |                                      | ***                                   |              | =                |    | X43=               |                        | OR             | X86=                       |                        |  |
| L                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                      |                                       |              |                  |    |                    | ,                      | OR             | +290=                      |                        |  |
|                             |  |   |                                      |                                       |              |                  |    | +145=<br>TOTAL     | _                      |                | TOTAL                      |                        |  |
|                             |  | F   | ADDIT. FEE                           |                                       | <b>1</b> 0   | ADDIT. FEE       |    |                    |                        |                |                            |                        |  |
| m                           |  | (Column 1) CLAIMS                         |                                      | (Columi                               | ST           | (Column 3)       | lΓ |                    | ADDI-                  | 1              |                            | ADDI-                  |  |
| AMENDMENT B                 |  | REMAINING<br>AFTER<br>AMENDMENT           |                                      | NUMBE<br>PREVIOU<br>PAID FO           | JSLY         | PRESENT<br>EXTRA |    | RATE               | TIONAL<br>FEE          |                | RATE                       | TIONAL<br>FEE          |  |
|                             | Total  | *   | Minus                                | **                                    |              | =                |    | X\$ 9=             |                        | OR             | X\$18=                     | -                      |  |
|                             | Independent  | *   | Minus                                | ***                                   |              | = .              |    | X43=               |                        | OR             | X86=                       |                        |  |
|                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                      |                                       |              |                  |    |                    |                        |                |                            |                        |  |
|                             |  |   |                                      |                                       |              |                  |    | +145=              |                        | OR             | +290=                      | •                      |  |
|                             |  |   |                                      |                                       |              |                  |    | TOTAL<br>DDIT. FEE | · ·                    | OR ,           | TOTAL<br>ADDIT. FEE        |                        |  |
|                             |  | (Column 1)                                |                                      | (Column                               |              | (Column 3)       |    | • .                | . •                    |                |                            |                        |  |
| AMENDMENT C                 |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | ER<br>JSLY   | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|                             | Total  | *   | Minus                                | **                                    |              | =                |    | X\$ 9=             |                        | OR             | X\$18=                     | •                      |  |
|                             | Independent  | *   | Minus                                | ***                                   |              | =                | r  | X43=               |                        | OR             | X86=                       |                        |  |
|                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                      |                                       |              |                  |    |                    |                        |                |                            |                        |  |
| * 11                        | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |   |                                      |                                       |              |                  |    |                    |                        | OR             | +290=                      |                        |  |
| ***                         | **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "High st Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                      |                                       |              |                  |    |                    |                        |                |                            |                        |  |